Soldier Readiness Processing Occupational Health Care

Fort Carson Team

Heidi Terrio, MD, MPH, COL, USA
Chief, Deployment Health

Alden Prowell, Operational Director

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FC SRC Mission Statement

To provide compassionate and comprehensive health care screening, referral, and initial treatment for every service member every visit to ensure Warrior resilience and readiness.

SRC Goals

- Provide Excellent Customer Service
- Comprehensive Service
- Multidisciplinary Approach
- One Stop for Deployment Issues
- Central Tracking of non-deployable profiles, TBI, BH, and referral issues
- Continuous Process Improvement

The One Stop Concept

- The Soldier may walk-in or be scheduled
- **Every time** the Soldier enters the SRC:
  - Demographic data is updated
  - All Unit Status Readiness (USR) data and Army Knowledge Online (AKO) issues are addressed
  - The Soldier is assessed in a comprehensive manner (e.g., all PULHES are evaluated)

Types of Services Provided

- **Fitness for Duty Assessment**
- The Pre-Deployment Health Assessment
- The Post-Deployment Health Assessment (PDHA)
- The Post-Deployment Health Re-assessment (PDHRA)
- The Periodic Health Assessment
- Traumatic Brain Injury Screening and Diagnosis
- In- and Out-Processing Evaluations
- Medevacs and screening for the Warrior Transition Unit (WTU)
- New to SRP is the baseline ANAM

SRC Throughput

- Deploy/MOB 25 SM/provider
- DEMOB* 15 SM/provider
- Redeploy 20 SM/provider
- PHA can be done with above
  - Takes an extra 5-10 minutes/encounter
- PDHRA 25 SM/provider

Generally have 8-10 providers onsite

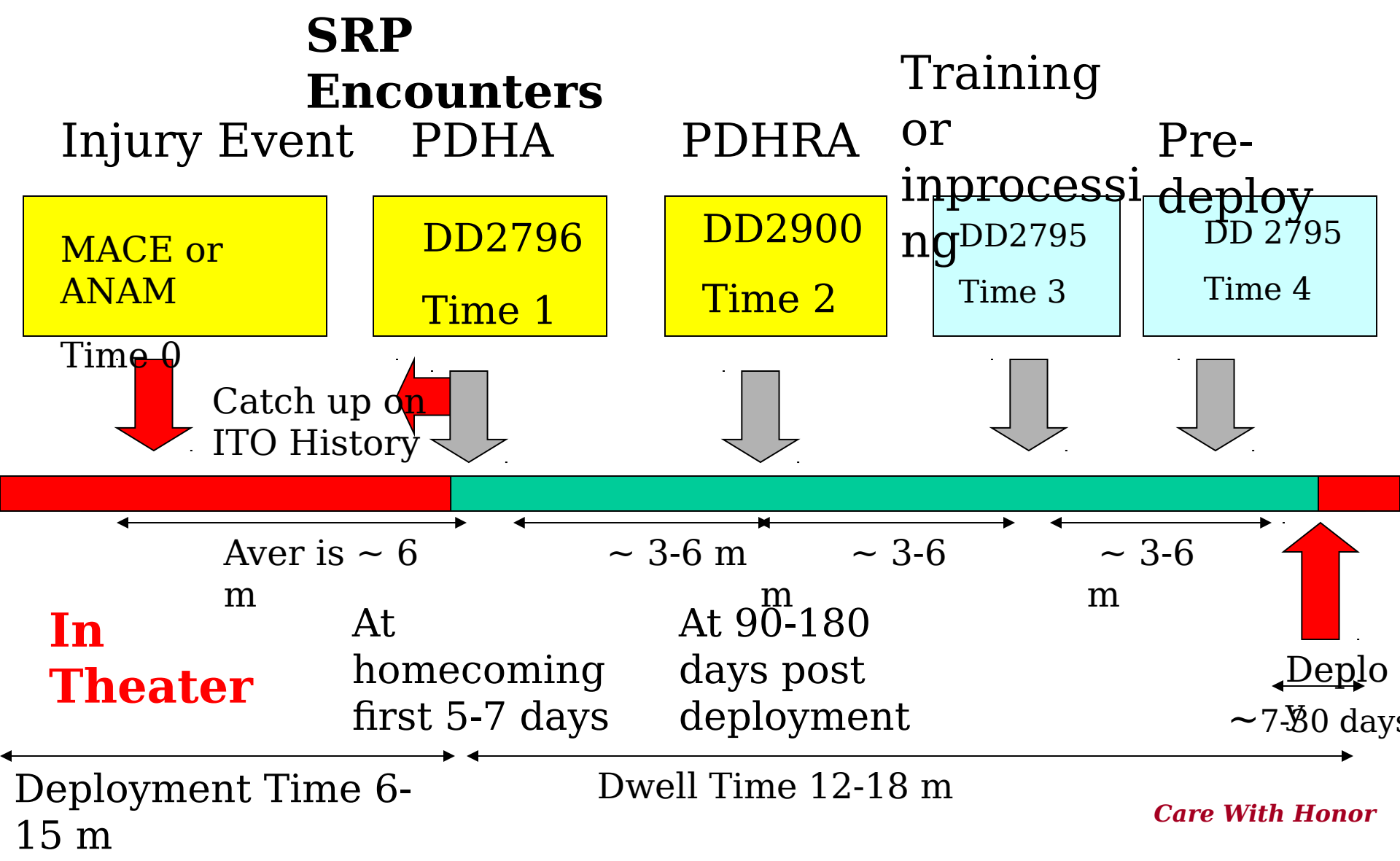
* For RC must do LODs, PHA, f/u appts must be completed within 72 hrs, and offer WTU for SM that require T3 or higher profile

The Question of the Day

No matter what process the Soldier is doing, the question of the day is…

Is this Soldier Fit for duty in his/her Military Occupational Specialty and Soldier skills?

Timeline: Deployment Cycle



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The Unit Responsibility

Must do SRP for any deployment within 30 days, re-deployment in the first 30days back, have a 90-180 day reassessment, have an annual PHA and maintain Unit Readiness

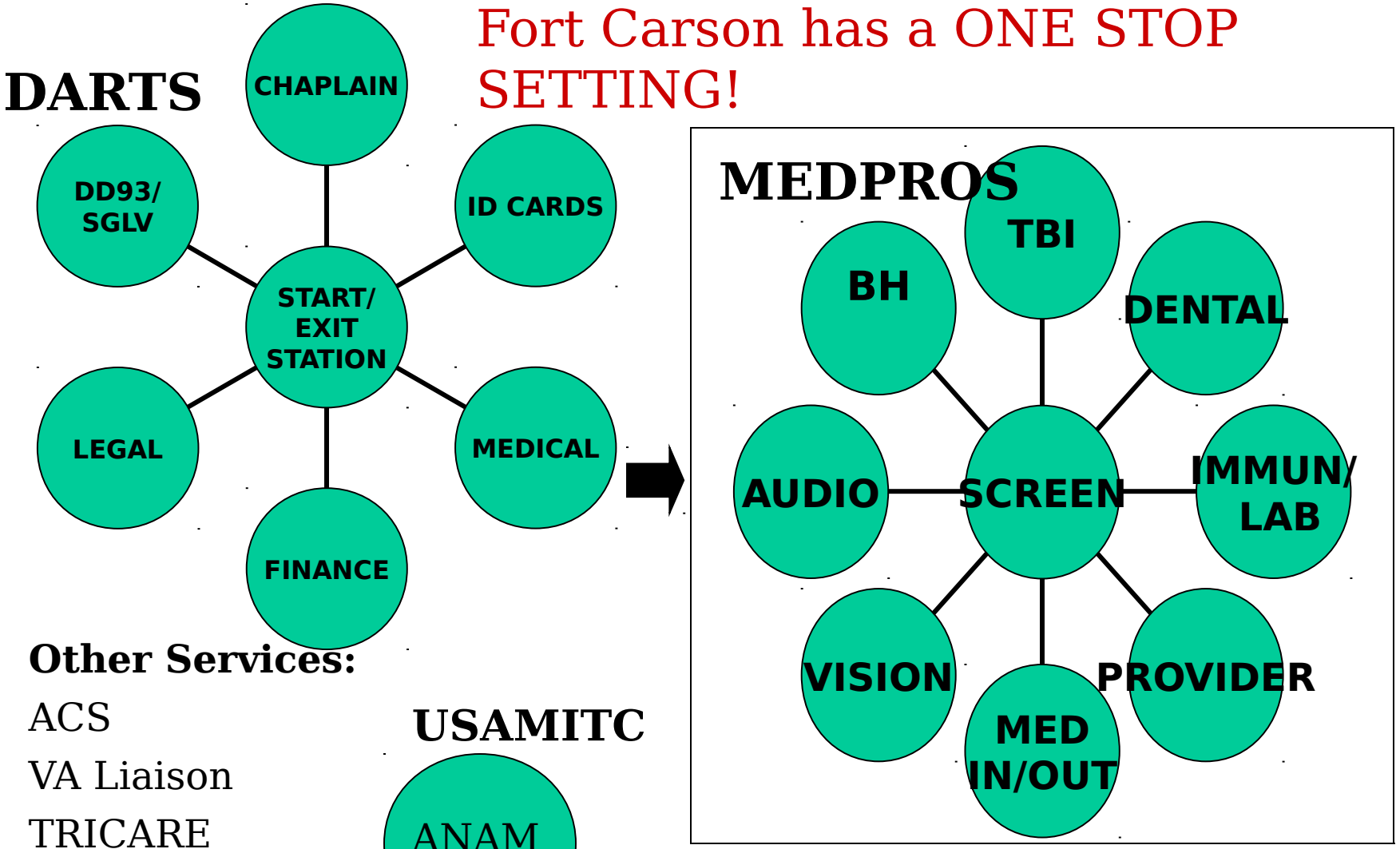
- Provide G2 and have medical unit provider participate
- Must submit waivers to for non-deployable Soldiers when going to CENTCOM (at pre-deployment)
- Have Soldiers bring profiles, ID cards to the SRC
- Have the Soldiers Med and SRP Records available
- At post-deployment, any databases that capture medical assessments ITO helps SRC validate injuries

Why is Fort Carson noted for Best Practice?

- It is a One Stop Soldier Readiness Center regarded as an Occupational Health Clinic
  - Customer Service is priority
  - Profiles (describe medical conditions and limitations) capture non-deployable Soldiers needing recovery
  - Interdisciplinary approach, includes the unit medical provider
- Information is translated into the EMR (AHLTA) from MEDPROS (the operational database)
- Immediate onsite diagnoses and treatment during all SRP evaluations increases satisfaction and takes less overall resources

Occupational Health Eval

Fort Carson has a ONE STOP SETTING!



Other Services:

ACS

VA Liaison

TRICARE

ISOPREP

USAMITC

ANAM

See Appendix

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Roadmap is Individualized

- Example:
  - Soldier moved to Fort Carson at 90 days post-deployment from OIF 4 and new unit is going to National Training Center (NTC)
  - On in-processing, all the following is performed
    - Pre-Deployment DD Form 2795 for NTC
    - TBI Screening (if never evaluated prior)
    - Periodic Health Assessment (required annually)
    - Post Deployment Health Reassessment DD Form 2900 (90-180 day post-deployment)

The Process is to Benefit the Soldier

- Deliver this information in the pre-brief for post-deployment especially
  - For those with symptoms, they will be treated today
  - Block leave will not be delayed
  - Goals
    - Identify all their issues before they leave the Army (RC, ETSing and Retiring) or ensure recovery before the next deployment
    - Get the best documentation into their medical record
    - Translate what happened to them into their permanent medical records

Specialized Care as Needed

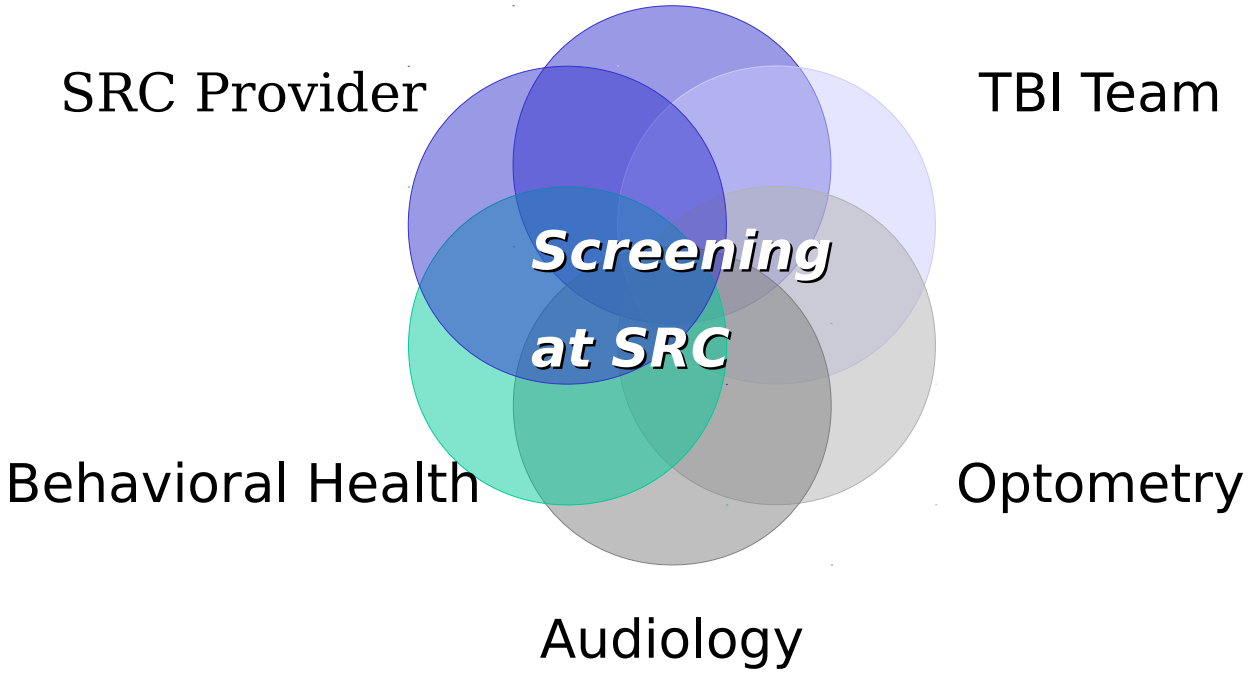
- Audiology Screen by Techs> Audiologist
- Optometry Screen by Tech > Optometrist
- Behavioral Health Screen by SRC Provider>
  Master's level LCSW> Psychiatrist
- TBI Screen by SRC Provider>
  TBI Clinic at SRC>Specialty Care (Neuro and BH)
- All Soldiers with profiles and consults>
  Organic Medical Assets reviews and validates
- General Primary Care Provider reviews entire packet and QCs > Immunizations, Profiles, Specialty Consults
- Medication Review> SRC Providers> PharmD

SRC Staffing

- 9-10 Providers (SRC Screening)
- 3 Providers, 1 CM, 1 LPN, 1 Admin (Acute Treatment)
- 6 LCSWs, 1 Pysch Nurse (BH Screening)
- 1 Audiologist, 4 Tech, 1 Admin. (Hearing Conservation)
- 1 Optometrist, 1 Tech, 1 Admin. (Vision Screening)
- 6 LPNs, 3 Phlebotomists, 2 Lab Tech (Laboratory)
- 7 LPNs, 1 CNA, 1 MA (Immunizations)
- 10 Admin., 2 QA Staff (Medical Start/Finish)
- 3 Profile Clerks, 1 CM, Unit Provider (PCM/CM Team)
- 1 Clinical PharmD, 1 Coder, 3 DVBIC Staff
- 1 OIC, 1 Operation Officer, 1 Assist. Op Officer

Medical Provider Screening Collaboration

Unit Medical Provider

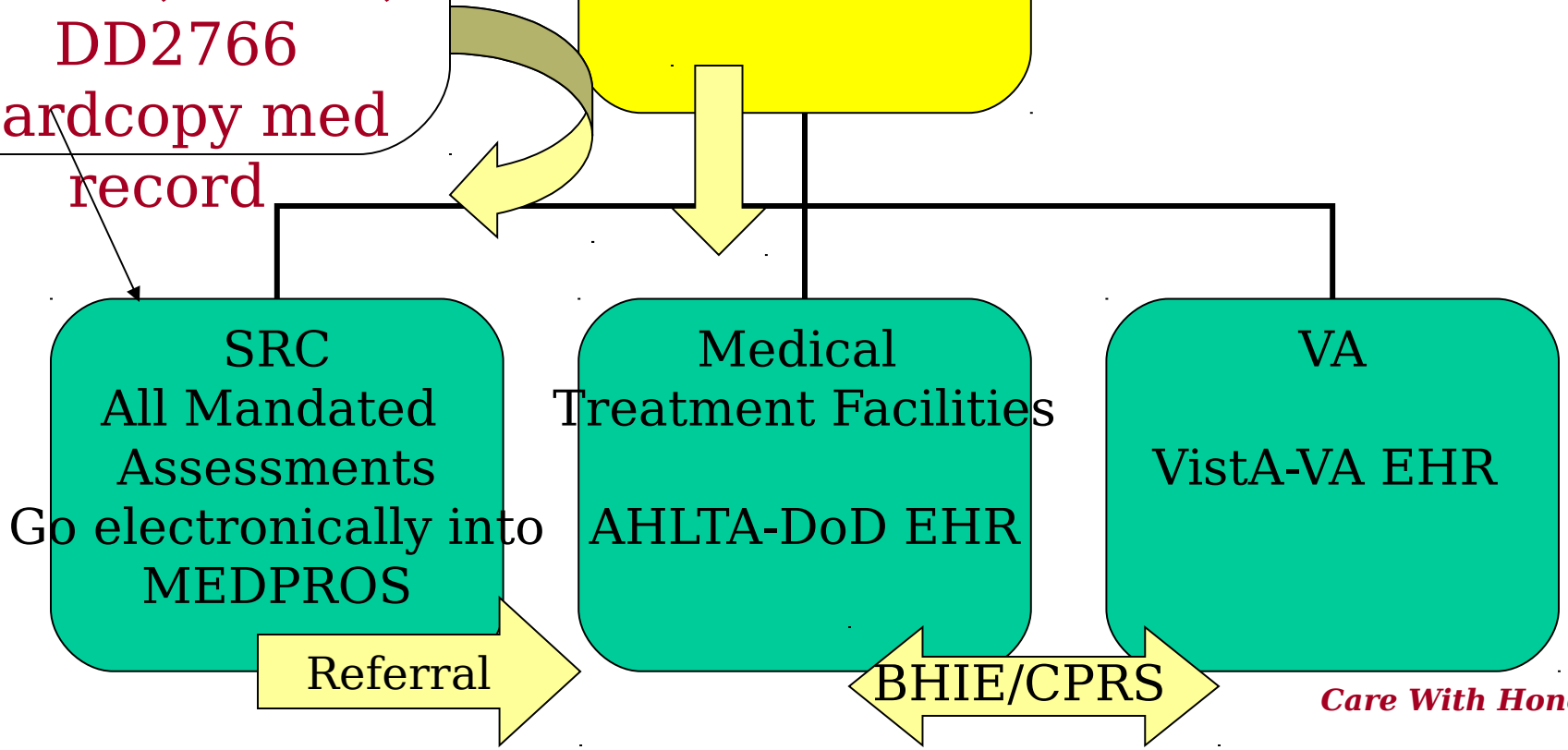


This interdisciplinary approach provides a safe, efficient, and comprehensive approach!

Data Base Challenges

To Ensure translation, SRC providers must have AHLTA, TMDS, DD2766 hardcopy med record

THEATER EVENTS
TMDS
MC4 AHLTA-T
Some goes to AHLTA



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FC SRC FLOW

Same Day /Same Site

Treatment Building

Injury and ANAM Eval

Acute Care

Pharm D

Unit LCSW

TBI

BH

Garrison Building

Acute issues

Evaluate and Treat

Documents in AHLTA

Endorses all profiles

Imm

Collateral inform

Review all Med Records

SRC Provider

Opt

Lab

Audio

Chronic issues

Profile Repository

Unit Provider

CM

Screens Triages

Documents in MEDPROS

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Non-Deployable Soldiers

- Soldiers requiring further evaluation, rehabilitation, surgery or treatment before consideration for a new deployment
- Profile provided on a DD Form 3349
- The SRC Provider reviews the pre-existing profiles and entire medical record
- If the profile is not comprehensive, or they do not have one, the SRC Provider will write the profile
- The Unit Medical Provider will validate, initial and date the bottom margin of the DD3349

Profiles QC'd by Profile Clerk

- DD FORM 3349 TO INCLUDE:
  - The lay diagnosis
  - The Soldier limitations
  - In the comment box- where the Soldier is in the deployment cycle
  - The next step in recovery
  - The appointment time and date, surgery date
  - The expected date of full recovery
  - Appropriate demographics
  - The initials from their own PCM

Profile/Appointment Tracking

- Profile and appointment station are combined
- The Soldier is booked for an appointment
- The profile clerk QCs profiles and logs into an EXCEL Share Drive – “S” Drive
- If the unit medical provider has not seen the SM
  - SM is booked with own provider w/in 72 hrs
  - SM is listed in the “S” Drive EXCEL Spreadsheet in yellow highlighter notifying the Soldier’s provider that profile is new

Non-Deployable Soldier Tracking

- All Soldiers with a non-deployable profile are case managed
- The appointment clerk books with their case manager, who in turn books them with their provider
- Their unit providers have read access only
- Once they have seen SM, they validate the profile and when cleared the Soldier returns to SRC

Case Managers

- Are located at the designated Troop Medical Clinics and work for Managed Care, and the Chief of the clinic
- They act as the first line assistant to the unit provider and a liaison to the Commander
- They track non-deployable Soldiers to ensure recovery

The “S” Drive List

- Organized like the non-deployable Unit Status Readiness (USR) data
- Allows unit providers to have visibility of all the Soldiers needing care
- Their provider then keeps the Unit Commander informed on a continual basis

Non-Deployable Tiger Teams

- Consists of representatives from the Unit Providers, SRC, Behavioral Health, Unit Chain of Command, Garrison, Primary Care, WTU
- Set up to review temporary non-deployable profiles to determine Soldiers needing Warrior Transition Unit candidates (Medical Evaluation Board and profiles>180days)
- Helps ensure Soldiers are being Rehabilitated
- Creates a collaborative relationship between Commanders, Garrison Support and medical assets

Considerations for the Future

- Have a Occupational Health Clinic at all posts that handle all issues that involve a Soldier's fitness for duty issues- an all-in-one comprehensive evaluation

  Performs

  - Annual: Periodic Health Assessment
  - Deployment: Predeployment, PDHA, PDHRA
  - Have fulltime initial treatment on walk-in basis for most common deployment Issues- TBI, BH, Audiology
  - Move to the whole operation from a Garrison Facility to a Medical Facility so that the treatment can be provided rather than triaged

Treatment Onsite in Adjacent Medical Building

- SRC is a Garrison Operation (currently)
  - Short-term solution: Facility adjacent to SRC
  - Long-term solution: the medical SRC should be a MTF function (Occupational Health Clinic)
- Allows initiation of care immediately
- Translates the deployment issue into the electronic medical records (AHLTA)
- Uses limited resources efficiently
- Takes one fourth the time for definitive care because it builds on the inform obtained at SRP

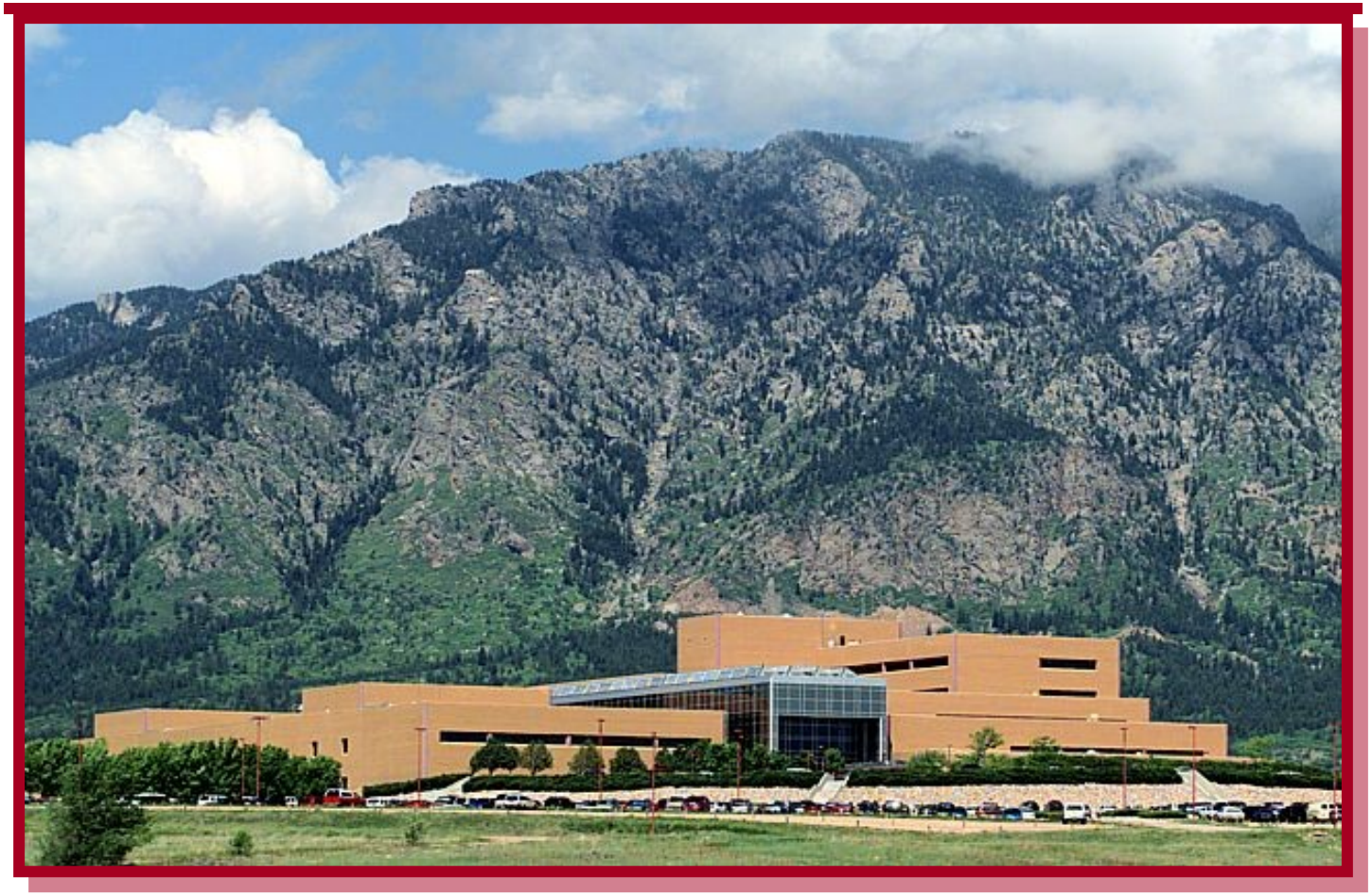
In Summary

- One Stop for all Occupational Health Issues streamlines, improves efficiency and gives a snapshot of a units readiness on an ongoing basis
- Integrated, collaborative processes work better than the standard clinic processes for an occupational assessment
- Profiles speak to other providers, leaders and the Soldier. Allows everyone to understand what issue is still outstanding and requires attention.

Process Must Benefit the Service Member

- Ensure immediate treatment onsite
  - Offsite referrals delay treatment
  - Displays compassion to the Soldiers and is most cost effective to the organization
  - The homecoming assessment takes half a day and information is put into a data system that is unavailable to most subsequent providers–why waste the information?
    - Document, translate and treat immediately

USA MEDDAC Fort Carson, CO



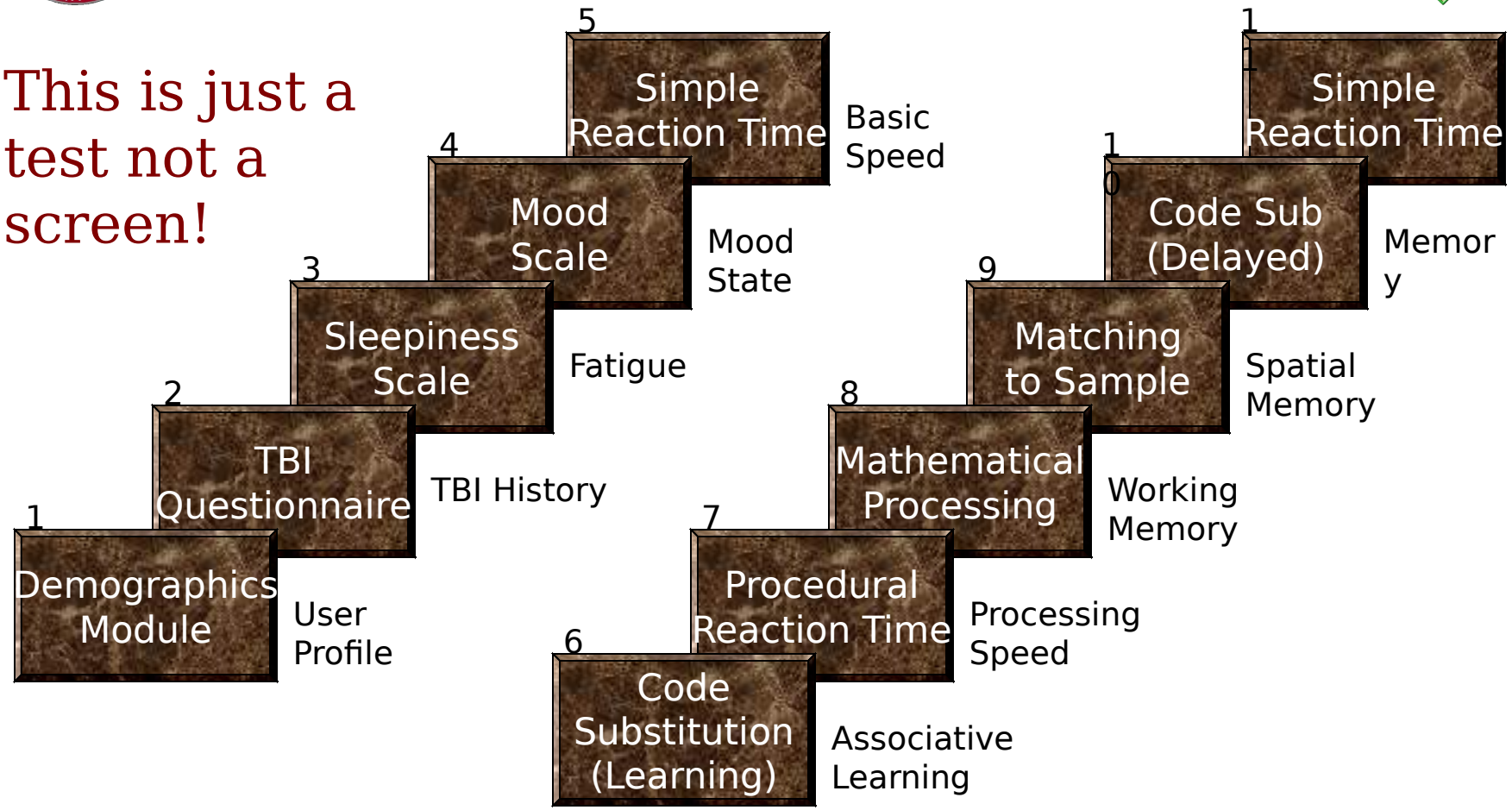
"Care with Honor"

Appendix A: What is the ANAM?

- It is for use by a trained BH Specialist in case a Soldier sustains a head injury in theater
- It provides a baseline cognitive test for comparison
- Issues stem from
  - Cognitive difficulty having a variety of reasons besides TBI; include acute stress reaction, PTSD, depression, drug side effects, sleep deprivation
  - Having only one baseline may not represent true baseline
- It provides extra info to help with RTD issues in combat

ANAM4 TBI MIL Battery

This is just a test not a screen!



* Automated Neurocognitive Assessment Metrics

Required per ASDHA Dr. Cassells Memo 28 May

ANAM Requirements

- Requires 3 staff personnel to brief, and proctor the testing process for 250-300 SM/d
- Requires computer terminals
- Since it is only a test, not a screen, it does not require extra medical providers to interpret the results